



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
 BY: [Name] DATE: 06/27/2024

REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN Nixa 107987	NAME OF AGENCY Nixa Police Department	DATE OF INSPECTION 06/27/2024
LOCATION OF INSTRUMENT (STREET AND CITY) 715 W Center Circle, Nixa, MO 65714		TIME OF INSPECTION 2:48 am

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

TEMPERATURE OF ALCO SENSOR (10°C - 40°C)

PRINTER WORKING PROPERLY

TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

SIMULATOR SOLUTION COMPRESSED ETHANOL-GAS MIXTURE

STANDARD SUPPLIER Guth Laboratories LOT # 23390 EXP. DATE 10/17/2025

SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIM. SN MP 5537 SIM. NIST EXP DATE 07/19/2024

CALIBRATION CHECK – (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 → .100

TEST 2 → .099

TEST 3 → .099

RFI DETECTOR OPERATING

**INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
 (DO NOT INCLUDE SELF-ADMINISTERED TESTS)**

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(OVER .19)	0
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE

PRINT NAME
 Sgt. J Barton

TYPE II PERMIT NUMBER/EXPIRATION DATE
 230030 02/17/2025

TELEPHONE NUMBER
 (417) 725-2510

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office by mail, fax, or email.

Nixa Police Department

Calibration Check slip's

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 02206

Temp Date Time ^{9/} 210L

Air Blank:
06/27/24 02:48 .000
Calibration Check:
26 06/27/24 02:48 .100

Subject Name

TEST 1

Subject I.D.

Operator Name, I.D.

[Signature] 403

Location

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 02207

Temp Date Time ^{9/} 210L

Air Blank:
06/27/24 02:49 .000
Calibration Check:
27 06/27/24 02:49 .099

Subject Name

TEST 2

Subject I.D.

Operator Name, I.D.

[Signature] 403

Location

AS IV Serial no: 107987
Version no: 532B

TEST RECORD 02208

Temp Date Time ^{9/} 210L

Air Blank:
06/27/24 02:51 .000
Calibration Check:
27 06/27/24 02:51 .099

Subject Name

TEST 3

Subject I.D.

Operator Name, I.D.

[Signature] 403

Location

Nixa Police Department


RFI Evidence slip

AS IV Serial no: 107987		
Version no: 532B		
TEST RECORD 02209		
Temp	Date	Time 210L ^{s/}

VOID: RFI		
12 06/27/24 02:53		

Subject Name		
RFI		

Subject I.D.		

Operator Name, I.D.		
 403		

Location		

Nixa Police Department

Blank (Zero) test Evidence slip

AS IV Serial no: 107987			
Version no: 532B			
TEST RECORD 02210			
Temp	Date	Time	210L ^{9/}

Air Blank:			
	06/27/24	02:55	.000
Subject Test: Auto			
	27 06/27/24	02:55	.000

Subject Name			
BLANK			

Subject I.D.			

Operator Name, I.D.			
[Signature] 403			

Location			



GUTH LABORATORIES, INC.

690 NORTH 87th STREET • HARRISBURG, PA 17111-4611 • TELEPHONE: 717-564-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 23390 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2023, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1207% (w/vol) ethyl alcohol. The expiration date for this lot number is October 17, 2025 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Certified Reference Standard lot number FN03072301 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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**PERMIT
TYPE II**

JOSHUA C. BARTON

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 2/17/2023

NUMBER 230030

EXPIRES 2/17/2025

Mike Massum

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

David J. Nielson

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 680 0771 (6-10)

LAB 4 (16-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator **BARTON, JOSHUA**
Permit No **230030**
Date Issued **2/17/2023** Date Expires **2/17/2025**

